

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0208635 | | |
| Date Assigned: | 12/22/2014 | Date of Injury: | 10/25/2007 |
| Decision Date: | 02/11/2015 | UR Denial Date: | 11/19/2014 |
| Priority: | Standard | Application Received: | 12/15/2014 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine, and is licensed to practice in New York. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 63 year old man with a date of injury of 10/25/07. He was seen by his primary treating physician on 10/23/14 with complaints of constant pain in his cervical spine with radiation to upper extremities, low back pain with radiation to his lower extremities and bilateral elbow, wrist, thumb and digits pain with locking. His exam showed he was in no acute distress and gait was intact. He had cervical paravertebral tenderness and spasm with positive Spurling's maneuver and range of motion limited by pain. He had full strength and tingling and numbness along C6-7 dermatomal pattern. He had lumbar paravertebral tenderness and spasm and range of motion limited by pain. Sensation and strength were normal. His elbow was tender at the olecranon groove and Tinel's sign was positive over the cubital tunnel. He had diminished sensation in the ulnar and radial digits and a tender 1st CMC joint and volar wrist. His diagnoses were trigger finger, cervicalgia, carpal tunnel syndrome, cubital tunnel syndrome and lumbago. He was to continue with his home exercise program and medications. At issue in this review is the request for the medications: fenoprofen calcium, omeprazole, cyclobenzaprine, tramadol ER and eszopiclone.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Fenoprofen Calcium (Nalfon) 400mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66-73.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2007. The medical course has included numerous diagnostic and treatment modalities including use of several medications for pain. Per the guidelines, in chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The medical records fail to document any improvement in pain or functional status or a discussion of side effects to justify use. The medical necessity of Fenoprufen calcium is not substantiated in the records.

Omeprazole 20mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms & cardiovascular risk, PPI (proton pump inhibitor).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2007. The medical course has included numerous diagnostic and treatment modalities including use of several medications including NSAIDs for pain. Per the guidelines, omeprazole is a proton pump inhibitor which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. This would include those with: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The records do not support that the worker meets these criteria or is at high risk of gastrointestinal events to justify medical necessity of omeprazole.

Tramadol ER 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 84-94.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2007. The medical course has included numerous diagnostic and treatment modalities including use of several medications for pain. Per the guidelines, tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. There are three studies comparing Tramadol to placebo that have reported pain relief, but this increase did not necessarily improve function. There are no long-term studies to allow for recommendations for longer than three months. The

MD visit fails to document any improvement in pain, functional status or a discussion of side effects to justify use. The medical necessity of tramadol is not substantiated.

Eszopiclone 1mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up to date: drug information: Lunesta and treatment of insomnia.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2007. The medical course has included numerous diagnostic and treatment modalities including use of several medications for pain. Eszopiclone or Lunesta is used in the treatment of insomnia (with difficulty of sleep onset and/or sleep maintenance) and has the longest half-life of the approved non-benzodiazepines, approximately five to seven hours. Reported side effects include somnolence, headache, dizziness, and unpleasant dreams. In this injured worker, there was no documentation of a discussion of efficacy or side effects of Lunesta, nor a discussion of sleep hygiene and other non-pharmacological means to improve sleep prior to medications. The records do not support the medical necessity of Lunesta.

Cyclobenzaprine Hydrochloride tablets 7.5 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2007. The medical course has included numerous diagnostic and treatment modalities including use of several medications for pain. Per the guidelines, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit of 10/14 fails to document any improvement in pain, functional status or a discussion of side effects to justify use. The medical necessity of cyclobenzaprine is not substantiated in the records.